Provider Type 17, Specialty 183, Special Clinic, Comprehensive Outpatient Rehab Facilities Reimbursement Rates

Date of last rate review: 11/2016

A rate review may or may not result in a change to the reimbursement rate.

The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

Note:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

"J" and "Q" codes with a rate of \$0.00 and that do not require an NDC number when billed are reimbursed at 85% of AWP unless noted otherwise in Nevada Medicaid policy.

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Proc Code	Description	Mod	Rate	Rate Begin Date
94620	Pulmonary stress test/simple	TC	35.02	1/1/1980
94620	Pulmonary stress test/simple	26	19.48	1/1/1980
94620	Pulmonary stress test/simple		54.51	1/1/1980
94621	Pulm stress test/complex	TC	19.92	1/1/1980
94621	Pulm stress test/complex	26	43.34	1/1/1980
94621	Pulm stress test/complex		63.04	1/1/1980
94640	Airway inhalation treatment		17.29	1/1/1980
94668	Chest wall manipulation		17.51	1/1/1980
97001	Pt evaluation		41.81	1/1/1980
97002	Pt re-evaluation		22.33	1/1/1980
97003	Ot evaluation		43.34	1/1/1980
97004	Ot re-evaluation		29.33	1/1/1980
97010	Hot or cold packs therapy		2.41	1/1/1980
97012	Mechanical traction therapy		8.20	7/1/2006
97014	Electric stimulation therapy		8.48	7/1/2006
97016	Vasopneumatic device therapy		7.35	7/1/2006
97018	Paraffin bath therapy		4.28	7/1/2006
97022	Whirlpool therapy		9.85	1/1/1980
97024	Diathermy eg microwave		2.70	7/1/2006
97026	Infrared therapy		2.70	7/1/2006
97028	Ultraviolet therapy		3.36	7/1/2006
97032	Electrical stimulation		10.51	1/1/1980
97033	Electric current therapy		8.91	7/1/2006
97034	Contrast bath therapy		8.00	7/1/2006
97035	Ultrasound therapy		6.79	1/1/1980
97036	Hydrotherapy		14.05	7/1/2006
97110	Therapeutic exercises		16.42	1/1/1980

Proc Code	Description	Mod	Rate	Rate Begin Date
97112	Neuromuscular reeducation	IVIOU	17.07	1/1/1980
G0477	DRUG TEST PRESUMP OPTICAL		14.11	1/1/2016
	DRUG TEST PRESUMP OPTICAL DRUG TEST PRESUMP OPTINST			
G0478			18.81	1/1/2016
G0479	DRUG TEST PRESUMP NOT OPT		75.28	1/1/2016
G0480	DRUG TEST DEF 1-7 CLASSES		75.94	1/1/2016
G0481	DRUG TEST DEF 8-14 CLASSES		116.84	1/1/2016
G0482	DRUG TEST DEF 15-21 CLASSES		157.72	1/1/2016
G0483	DRUG TEST DEF 22+ CLASSES		204.46	1/1/2016
Q3014	TELEHEALTH FACILITY FEE		24.24	12/1/2015

Proc Code	Description	Mod	Rate	Rate Begin Date